

## PART B - FEE(S) TRANSMITTAL

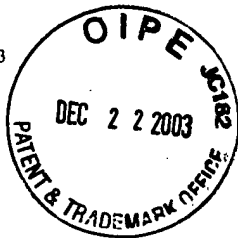
Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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7590

11/26/2003

Patrick G. Burns, Esq.  
GREER, BURNS & CRAIN, LTD.  
300 South Wacker Dr., Suite 2500  
Chicago, IL 60606

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Patrick G. Burns	(Depositor's name)
<i>[Signature]</i>	(Signature)
18 Dec 03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,281	01/22/2002	Takeo Oita	1503.66132	6323

TITLE OF INVENTION: CRYSTAL OSCILLATOR AND A SIGNAL OSCILLATION METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHINGLETON, MICHAEL B	2817	331-069000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NIHON DEMPA KOGYO, CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies \_\_\_\_\_☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 07-2069 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

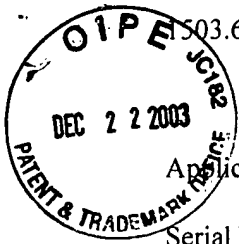
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12/30/2003 RHARISE 00000087 10054281

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300.00 OP



503.66132

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Takeo Oita )  
Serial No. 10/054,281 )  
Filed: January 22, 2002 )  
For: A CRYSTAL OSCILLATOR THAT )  
UTILIZES A POWER TRANSISTOR )  
TO KEEP A CRYSTAL )  
RESONATOR WARM )  
Art Unit: 2817 )  
Examiner: Shingleton, Michael B. )

Conf. No. 6323

*I hereby certify that this paper is being deposited with the United States Postal Service as FIRST-CLASS mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.*

18 Dec 03  
Date  
F-CLASS.WCM

Registration No. 29,367

Appr. February 20, 1998

Attorney for Applicant

ISSUE FEE TRANSMITTAL

MAIL STOP ISSUE FEE  
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P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith please find:

1. Form PTOL-85 with check for \$1,630.00 to cover the issue fee.
2. If a publication fee is due and is not enclosed, or is enclosed in an improper amount, the Commissioner is authorized to charge the publication fee (or any deficiency in such fee) to Deposit Account No. 07-2069.
3. The Commissioner is authorized by the undersigned to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this page is enclosed herewith.

Respectfully submitted,  
GREER, BURNS & CRAIN, LTD.

By

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